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Whereas the question included on handicapped children in the 1965 school census in Madison (Wisconsin) yielded incomplete results, the 1966 school census employing a questionnaire identified 314 handicapped children not in school. Of these, 50% were enrolled in an educational program, 52% were male, 58% were preschoolers, and 42% were aged 6 to 18. Further data revealed that 55% had hearing, seeing, retardation or slow learner, or cerebral palsy handicaps; 45% had other handicaps, including speech defect, brain damage, heart condition, poor motor skills, and emotional disturbances. Additional findings involved type of program attended, age group breakdown, medical care, additional help, and information needs. Evaluation of the census technique as a means of identifying handicapped children indicated that the census was economically feasible and results were significantly related to both general and special education. A significant number of preschool handicapped children were identified, and as a result, nursery programs were established for deaf and visually handicapped preschool children. (LE)

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SCHOOL CENSUS

A MEANS FOR IDENTIFYING HANDICAPPED CHILDREN

BUREAU FOR HANDICAPPED CHILDREN

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION / WILLIAM C. KAHL / STATE SUPERINTENDENT

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THE SCHOOL CENSUS CAN BE USEFUL

Recently the Bureau for Handicapped Children, in conjunction with the Madison Public School System, organized a pilot program concerned with the identification of handicapped children by means of the school census.

This was undertaken to help answer several questions pertinent to the activities of both agencies. The primary questions were:

1. Could reliable information be obtained in this manner which would be useful in planning special education classes?
2. Would lay census takers feel that they could ask what might be considered a personal question regarding the health of the children?
3. Would the public resent a question directed at the presence or absence of a handicap in their children in conjunction with the census?
4. Would it be an economical way of locating children with handicapping conditions for either the local or state agency?

Since active case finding was of prime importance, the census-taking device was employed by the Crippled Children Division of the Bureau for Handicapped Children. The door-to-door survey was conducted in Madison by the Bureau in conjunction with the Special Education Advisory Committee.

In 1965 school census, a question on handicapping conditions was included, but uneven results were obtained, probably due to reluctance on the part of interviewer and respondent. To avoid repetition of this problem, the services of the University of Wisconsin Survey Research Laboratory were employed to plan the questionnaire, instruct the interviewers, and tabulate the results of the 1966 census.

Survey Specifications

The following question was asked concerning any child under 18 who was not attending a Madison public or parochial school: "As far as you know, does this child have any difficulty or handicap which might make it advisable for him to attend a special school or class for his education?"

By putting an 18-year age limit on the survey, children who had completed their legal school attendance requirement and were not employed were eliminated. The result of these two restrictions -- age and non-enrollment in a Madison public school -- combined to generate a list composed primarily of pre-school children.

If an affirmative answer was received to the index question -- the child did have a handicap -- the respondent was asked to furnish further information concerning the type of handicap: whether the child was receiving medical care; whether the child was receiving any type of special treatment; and whether the respondent was interested in obtaining more information about the child's education.

The question was asked only for children not in school, thus eliminating all the handicapped children who were already receiving some form of special education. The diagnosis indicated by the respondent was sometimes in question, especially in cases concerning speech problems where many interviewers were told that the child had a speech defect when the basic difficulty was retardation. Such difficulties made specific diagnostic categories meaningless, except for showing broad trends.

General Sample

A total of 314 handicapped children were identified by the survey. Although the initial question was designed to eliminate all children enrolled in a Madison public or parochial school, 55 children listed a Madison school when asked to name his school. It was assumed that these children were enrolled in a special education class under the jurisdiction of the Madison school system and should not be counted.

Although this finding contaminates the study, a data comparison of the original group with the group excluding the 55 children revealed no significant difference other than in the area of schooling. In answer to the question regarding enrollment in an educational program, 50% of the original group replied "yes" while only 39% of the second group replied affirmatively. As no significant changes were noted elsewhere, the data found for the original group of 314 children will be used throughout the report. It should also be noted that in the listed percentages, certain discrepancies exist due to neutral responses ("not ascertained" or "don't know").

Preliminary Findings

The sample was divided almost equally between male and female, with males composing 52% of the total. This closely compares to the percentage breakdown of all children city-wide; 51% are male, 49% female.

Due in part to the format of questioning, the majority (58%) of the children were pre-school aged; children ages six to 18 composed the school age group (42%) while both the median and modal ages were between 5.0 and 5.9.

The interviewers asked the following question to determine the type of handicap present: "What kind of handicap does this child have?" Four answer choices followed: "Hearing, seeing, retardation or slow learner, and cerebral palsy." Fifty-five percent of the respondents' answers fell into these categories; and remaining 45% were listed as "other" which covered speech defect, brain damage, heart condition, poor motor skills, and emotional disturbances. Various other diagnoses such as epilepsy, leukemia, and asthma were grouped together under "miscellaneous." Using the parent's diagnosis, the distribution of handicaps are shown in Table I.

Table I

Handicap	% of Children with Handicap
Mental retardation	35%
Speech	22%
Hearing	8%
Vision	8%
Emotionally disturbed	5%
Cerebral palsy	4%
Brain damage	4%
Motor skills	3%
Heart conditions	2%
Miscellaneous	6%
Not ascertained	3%

Other questions asked were: "Is this child attending any type of school?" and "What is the school's name and location?" As stated before, many were enrolled in some type of educational program not under the Madison Public School System, ranging from a speech correction class to a training program at a residential institution.

The most frequently cited types of programs were: colonies and institutions (27 children); day class for the educable mentally retarded (18); Wisconsin State schools for the deaf and visually handicapped (7); University Speech and Rehabilitation Center (6); and Portal Foster, a private center for severely emotionally disturbed children (6).

Additional Findings

Predictably, participation in an educational program was age dependent. Compared to the overall average (50%), 25% of the pre-schoolers and 85% of the older children were receiving some type of schooling. When various handicaps were compared regarding education, it was found that 67% of the mentally retarded children and 71% of the emotionally disturbed children were attending special classes.

Handicap and education were further compared by an age group breakdown. It was significant that of the pre-schoolers, 42% (as compared to the 25% average of all pre-schoolers) of those with a hearing difficulty were receiving educational training -- a finding that shows the trend toward earlier initiation of education in children with hearing problems. However, when considered from the point of view of the 58% that are not receiving any training, it is a less satisfying finding.

Of the children enumerated, 41% were under medical care for their handicap, with the time lapse between the last visit to a physician ranging from less than a week to more than three months. When the number of children receiving medical care was compared to other variables, it was found that the only significant effect was on that of handicap. Using the previous breakdown of handicaps, the percentage distribution of children receiving medical care is indicated in Table II:

Table II

Handicap	% of Children Receiving Medical Care	N
Heart	100%	6
Cerebral palsy	85%	11
Motor skills	70%	7
Brain damage	62%	8
Hearing	52%	13
Vision	50%	12
Emotionally disturbed	43%	6
Retardation	41%	45
Speech	11%	8
Other	58%	11

Inquiry was also made concerning receipt of additional help and it was found that 31% were receiving assistance in the form of speech therapy, physical therapy, guidance, psychiatric therapy, and similar help from other professional and public sources. Both age and participation in an education program had a definite effect on receipt of special help. However, the interdependence of these factors made it difficult to determine which had the most effect. Only 19% of the pre-school age children as compared to 48% of the school age children were getting help. The influence of school attendance was shown by the fact that of the children receiving help, 75% were in some of type of educational program. Several of the handicap groups received a significantly greater amount of special help as compared to the overall average (31%). Some type of therapy and/or training was given to 69% of the cerebral palsied children, to 64% of the emotionally disturbed children, and to 62% of the brain damaged children. In contrast, only 26% of the children with speech difficulties were receiving therapy. This was again age dependent in that 12% of the pre-schoolers as compared to 67% of the older age were getting speech therapy.

General Conclusions

The survey showed that 41 percent of the respondents felt that they wanted information regarding the education of the child. The trend was that as the age increased, the desire for information decreased. While 46% of the respondents with pre-school age children wanted information, only 32% of the respondents with older children replied affirmatively.

Another interesting finding was that as most of the respondents were mothers, their replies closely followed the overall average. But only 28% of the fathers responding expressed a desire for information.

The names of the handicapped children found by the survey were compared to the master files of the Bureau for Handicapped Children. It was found that 32% of the children counted were known to the Bureau. The following table is a breakdown by handicap of the same.

Table III

Handicap	Known to Bureau
Cerebral palsy	77%
Hearing	60%
Brain damage	54%
Vision	46%
Motor skills	40%
Mental retardation	28%
Speech	19%
Heart	17%
Emotionally disturbed	7%
Other	32%

Data was also compiled on the children who were neither attending school nor receiving help. Of the 128 included in this classification, 91% were pre-school aged. Only 11 school age children were "at home".

Table IV

	Age	Handicap
1)	6	Speech
2)	6	Speech
3)	7	Mental retardation
4)	8	Mental retardation
5)	8	Cerebral palsy
6)	11	Vision
7)	12	Hearing
8)	14	Hearing
9)	14	Speech
10)	16	Motor
11)	16	Other

According to statistics from the Madison public schools, 4.8% of the children enrolled in the school system attend special education classes. These classes are aimed toward a variety of handicaps, including reading disabilities, physical handicap and retardation. Due to the questionnaire format, the survey reached only the more severly handicapped by eliminating those children enrolled in a public or parochial school. It was expected that the number of handicapped children enumerated in the survey would represent only a small portion of the city's population, or .6% of the total.

One of the primary questions of the survey concerned the economics of using the school census as a means of locating handicapped children. The five percent increase in the cost of the annual school census was borne by the Bureau for Handicapped Children. This additional expense was incurred by the following: 1) a $5 salary increase to the census takers covering the additional work involved in the questionnaires, and 2) a 25 cent bonus for each handicapped child located. Additional costs were involved for data computation at the Survey Research Laboratory.

Summary

The school census was used in this pilot program to test the feasibility of using this method as a tool for locating handicapped children. Some 250 children were counted in the city of Madison, 173 of whom were under school age. This is a small fraction of the total enrollment in the school system, but amounts to more than 10% of the children now receiving special educational placement in the city schools.

Whether this method is applicable to other school systems will be up to the individual administration. But, given the right circumstances, a census can be an economical and reliable method of locating handicapped children who are potential candidates for special education.

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THE SCHOOL CENSUS TECHNIQUE AS A MEANS OF IDENTIFYING HANDICAPPED CHILDREN

Overview

The challenge of providing equal educational opportunities for handicapped children merits three considerations; an acceptance of that responsibility, an identification of the need for service, and an appropriate course of action. It is with the subject of the school census technique as a means of identifying this need that its consequent relationship to service for handicapped children that this article is concerned.

Problem

For a number of years we have become increasingly aware that the pre-school years of a child's life are most formative, yet we have done very little about it. Only recently have we begun to realize that this is especially true for the handicapped. The schools must assume a larger role in guiding and assisting parents in better understanding their child's needs and how to better eliminate, circumvent or alleviate their child's disability. By treating the problem early we are focusing principally upon the preventative aspect of the secondary problems as well. Thus, by taking the initiative in a totally comprehensive continuum of service, with a correlation of all our resources, can we successfully meet their needs. In order to serve we must first be more proficient in the identification of exceptional children.

Wisconsin is fortunate in having progressed significantly in the provision of services for the handicapped children of school age. We are also fortunate in having the economic resources and the know-how to improve our present services, particularly for those with more definitive handicaps and pre-school children not now being served.

Census Procedure

Wisconsin requires each school district to conduct an annual school census and report all children of school age not in school. It does not, however, stipulate how this survey is to be taken. Madison has conducted such a census each spring, taken by census enumerators canvassing from home to home. The census workers are paid a set amount for each child recorded, whether handicapped or not.

The information is especially helpful in determining general school population growth and shifts as it relates to need for school facilities, programming, staff and budget. It is equally valuable to those of us working with handicapped children, both in the identification and planning for special programs. However, we found that many of the children in our community were not identified. There appeared to be a number of reasons. Among them were: a) parents did not recognize the problem or chose not to identify it, b) did not know of the community resources, not did they know that there were people who cared and wanted to help, and c) census enumerators did not ask about the handicapped, because they thought it an infringement upon the privacy of the home. Those not reported during this regular school census were generally identified by another community resource, or upon enrollment in school when it was found they were making a poor adjustment to school.

In February, 1965, the Madison Public Schools initiated the first special school census of the handicapped on a pilot basis. Each regular census enumerator at the conclusion of the regular school census procedure was instructed to ask each parent, "Do any of your children have a handicap for which a special education provision might have to be made?" If the parents answered "yes," the enumerator recorded the parent's comment verbatim on a special form and added the child's name, age, parent's name, address and phone number.

Results

The follow-up and analysis of this special census was conducted by the Special Education Section of the Pupil Services Department and proved to be quite significant. After careful study, of the special census technique, we found that: a) over half of the children were of pre-school age, b) that the parents were most effective in describing

the problem even though not required to "label" it, c) that parents were most receptive in discussing their child's problems, and were eager to learn where they could get help, d) that it was most comfortable for the parents and the follow-up staff to speak of the way the child functioned without actually labelling the behavior problem, e) that it was to the follow-up staff member's advantage to have a generic understanding of the multiplicity of problems children have and how it affects parents and siblings, f) that the purpose be initially for an opportunity to share mutual concern and establish rapport, g) that a diagnosis may or may not be within the ability of the staff member and might require a referral for diagnosis elsewhere, h) that a knowledge of resources and the role of the various professional disciplines aid in the selection of a course of action.

We became aware of some shortcomings of this initial project and raised the following questions: 1) How might we be more proficient in our census technique and in the interpretation of information obtained? 2) While the single specific question was fine, how might we obtain more information? 3) What additional information is desirable? 4) Might we explore the possibility of other census techniques such as using the utility or housing unit concept and poll through the U.S. mail? 5) Might we conduct a more thorough orientation for census enumerators with specific emphasis on the census technique and the importance of the information obtained? 6) How might we provide extra compensation for the additional work involved? 7) Could we through multimedia publicity both educate the public *and* recruit more capable census personnel? 8) Might we consider the efficacy of recording our census findings on IBM for improved interpretation and preservation of data? 9) How might the census data relate to priority and creation of service? 10) How might referrals to other community resources be best affected?

Under the direction of our staff, in cooperation with the Special Education Advisory Committee, chaired by a Board of Education member, composed of representatives of the parent groups, the PTA Council, the League of Women Voters, the Community Welfare Council, interested citizens, and in cooperation with the Special Education Inter-Disciplinary Committee representing school professional staff, Division of Vocational Rehabilitation, Bureau for Handicapped Children, and the University of Wisconsin, work was begun on these and other questions. In the Spring of 1966, this refined special census was conducted by the Madison Public Schools

in cooperation with the Bureau for Handicapped Children and the University of Wisconsin Survey Research Laboratory. An excellent detailed analysis of the results of this second census is in a companion article in the issue of the "Bureau Memorandum."

A brief comparison of the 1965 and 1966 spring census is shown in the following table:

Comparison of Two Special School Census Projects Identifying Children Not in School*

Characteristic	1965	1966
Total Children Reported	281	314
Duplicated on Regular Census	151	107
Regular Census – Not on Special Census	35	21
Moved or Unable to Locate	22	27
Minor Disability Total**	111	104
Minor Disability Not Previously Reported	64	74
Significant Disability	170	210
Significant Disability Not Previously Reported	33	68
Significant Disability Pre-School Only	25	45
Total in Institution, Private School or at Home	170	193

*A detailed report is available from the Madison Public Schools upon request

**Includes Speech

Implications

Upon analyzing our data as related to the children's needs we: a) established a nursery program for the deaf and hard-of-hearing pre-school children (1965), b) established a similar nursery program for the visually handicapped (1966), c) made plans for an orthopedic nursery and kindergarten (1967), d) identified the need for a psychologist and social worker specifically assigned to special education services to work closely with staff, parents, and community resources, e) developed a referral-program card technique as a means of keeping a current and optimal amount of information readily available with a minimum of effort, f) made numerous referrals to community resources months and years before they would probably come to their attention, g) established a program of teaching English as a foreign language for bi-lingual children, h) counselled parents and assisted them in better understanding and accepting their handicapped child, i) aided the minimally involved child attending regular classes, j) referred parents to other parents and parents groups having a commonality of interest through a commonality of problems, k) kept addresses and phone numbers and other information current and up-to-date, generally found quite difficult due to the high transiency of this group, and l) established a teaching- diagnostic (Child Study) class for those children with a multipilicity of problems generally found to be very difficult to diagnose and program (1966).

From our experience with the school census as a ***technique*** we found: a) it was important to screen and accept only those census enumerators that met acceptable standards, b) that clerical staff played a vital role in tabulating data, compiling and writing reports and in conducting in-service meetings for enumerators, c) that accuracy and thoroughness is canvassing or recording information is a necessity as it relates directly to its usefulness and value, d) that being a census enumerator is not easy work and that payment should be commensurate with duties performed, e) that census enumerators assigned to their home district are more likely to work year after year, f) that enumerators are not counselors and even though they may be parents of a handicapped child, are encouraged to use utmost discretion during the census activity and in preserving the confidentiality of information received, g) that there appears to be a growing need for the public schools to be considered as the fixed

point of referral, i) that the cost of identification is minimal and the cost of follow-up and service is commensurate with the level of service provided.

Conclusions

From our experience with the school census technique we can conclude: a) the results were most significant as related to both ***general*** and ***special*** education, b) both the regular census and the special census were economically feasible, c) both complemented each other in terms of identifying children, d) that the special census identified a significant number of pre-school handicapped children, e) that further research and refinement of all facets of the technique be continued, f) that the special census become a part of our regular school census activity, g) that other school systems be encouraged to develop similar techniques as meets the needs of their community.

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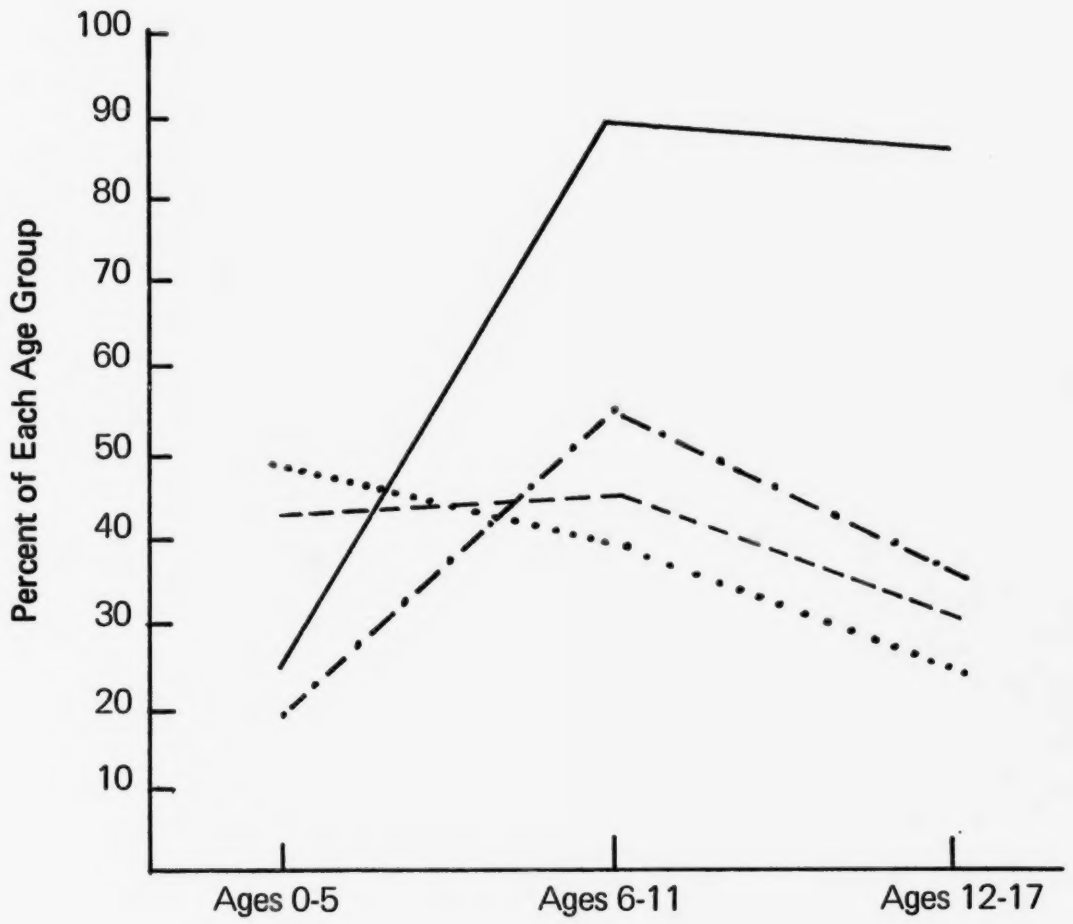
Comparative Effect of Age on School Attendance, Receipt of Medical Care, Desire for Educational Information, and Receipt of Additional Help



Key

——— Enrolled in an educational program

– – – – – Receiving medical care

· · · · · · · · Desire for Information regarding education

•—•—•— Receiving additional help

Distribution of Handicaps Subdivided by Age Groups